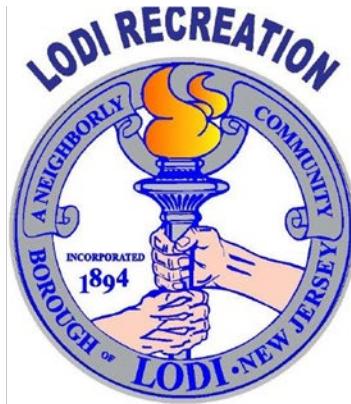


GREAT FUTURES START **HERE.**



BASKETBALL REGISTRATION FORM- LODI RESIDENTS ONLY

Child's Name _____ Date of Birth: _____

Address: _____ Age as of 1/31/20: _____

City: _____ State: _____ Zip: _____ Sex: _____ Current Grade: _____

Shirt Size: Youth S / M / L or Adult S / M / L / XL Other _____ Primary Cell Phone Number: _____
(Please provide a cell phone to receive text message updates)

Short Size: Youth S / M / L or Adult S / M / L / XL Other _____

TEAMS WILL BE DIVIDED BY ELEMENTARY SCHOOLS EXCEPT FOR TJMS & LHS MEMBERS

Buddy Grades	K-1	_____
Junior Grades	2-3	_____
Senior Grades	4-5	_____
Middle School	11-13	_____
High School	14-16	_____

Lodi School Student: YES or NO

Lodi School Attending: _____

Parent / Guardian Information

Mother's Name: _____

Business Name / Address: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Business Name / Address: _____

Cell Phone: _____ Email: _____

Disclaimer Information

I hereby give consent for my child to participate in the Boys & Girls Club of Lodi Co-Ed Basketball Program. I assume all risk in regard to participation in this and any other Boys & Girls Club Program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Lodi Inc. Its Directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

- ✓ That the above information is correct
- ✓ That in the event of a medical emergency, I authorize the Boys & Girls Club of Lodi, Inc. to seek emergency medical care for my child as deemed necessary by the Club, its Directors, officers, coaches, and volunteers.

Print Name

Signature

Date

For Internal Use Only

Select Fee:

Grades K-1: \$45 / \$80

Grades 2-12: \$65 / \$100